Government of **Western Australia**
Department of **Transport**
and Major Infrastructure

E114

Heavy Vehicle PDA Customer Eligibility

When blank, this form is classed as OFFICIAL, when completed, this form is classed as OFFICIAL SENSITIVE

This is not a licence to drive the class described, you must take this form to DTMI to have the class added to your driver's licence record.

Requirements:

- Complete the Health and Medical Questions section.
- Conduct the eyesight test as per the Department of Transport and Major Infrastructure (DTMI) requirements.
- Verify acceptable forms of identification (proof of identity).
- Sign the Camera Acknowledgement section.
- Complete eligibility check through the Licence Assessment Provider System (LAPS).

LICENCE CLASS REQUIRED

- ☐ HR - Heavy Rigid
- ☐ HC - Heavy Combination
- ☐ MC - Multi Combination

AGENT DETAILS

COMPANY NAME

TRADING AS

AUTHORISED PROVIDER NUMBER

BUSINESS ADDRESS

SUBURB

STATE W A POST CODE

PHONE NUMBER

MOBILE NUMBER

EMAIL ADDRESS

APPLICANT DETAILS (to be completed by applicant)

WA DRIVER'S LICENCE NUMBER

FAMILY NAME

FIRST NAME

OTHER NAME/S

DATE OF BIRTH / /

RESIDENTIAL ADDRESS

SUBURB

STATE W A POST CODE

HEALTH AND MEDICAL QUESTIONS

The *Road Traffic (Authorisation to Drive) Regulations 2014* requires you to declare any permanent, long-term mental or physical condition (which may include a dependence on drugs or alcohol) that is likely to, or treatment for which is likely to, impair your ability to control a heavy commercial vehicle.

Do you suffer from any mental or physical condition(s) that may impair your ability to control a heavy commercial vehicle?

☐ YES ☐ NO

Are you an Alcohol Interlock Restricted driver?

☐ YES ☐ NO

PRIVACY STATEMENT

DTMI collects personal information on this form for the purposes of determining your eligibility to undertake a heavy vehicle practical driving assessment (PDA) and maintaining the driver's licence register as required under the *Road Traffic (Authorisation to Drive) Act 2008*.

Failure to provide this information may result in your application for a licence variation not being processed, or records not being properly maintained. DTMI may also use the information for related purposes or disclose it to third parties in circumstances required or allowed for by law. For more details on how we handle your personal information, see our Privacy Policy at transport.wa.gov.au/privacy

DECLARATION

I declare that the information provided on this form is true and correct. I understand that under the *Road Traffic (Administration) Act 2008*, it is an offence to provide false or misleading information.

I understand that, during my PDA, DTMI will record audio, video and GPS data using in cabin cameras, body worn cameras and other recording equipment. These recordings are collected to support the conduct, assessment, safety, quality assurance and review of the PDA and may be viewed in actual time/live or later by DTMI authorised officers.

I consent to DTMI collecting, using and recording my personal information, including audio, video and GPS data, for the purposes outlined above. I understand that if I do not consent to the recording of audio and visual information during the assessment, the PDA cannot proceed.

For further information on the use of recording equipment, contact DTMI or visit www.transport.wa.gov.au.

Sign this section in the presence of a DTMI agent.

APPLICANT SIGNATURE

AGENT PERSONNEL FULL NAME

AGENT PERSONNEL SIGNATURE

DATE / /

AGENT USE ONLY

EYESIGHT RESULTS

Heavy commercial eyesight standards must be met to ensure that the applicant has adequate vision to allow them to drive safely. To meet the minimum eyesight standard for a HR, HC and/or MC class of licence, the applicant must obtain at least 6/9 in the better eye, and at least 6/18 in the worst eye, with or without visual aids.

EYESIGHT TEST RESULTS					
LEFT EYE	6/	RIGHT EYE	6/	BOTH EYES	6/

TESTED WITH VISUAL AIDS? ☐ YES ☐ NO

If the applicant does not meet the eyesight requirements as outlined above, do not proceed. Contact Business and Systems Support for assistance.

HAS BUSINESS AND SYSTEMS SUPPORT BEEN CONTACTED? ☐ YES ☐ N/A

HEALTH AND MEDICAL CONDITIONS

Has the applicant declared any mental or physical condition(s) that may impair their ability to control a heavy commercial vehicle? ☐ YES ☐ NO

If the applicant has declared a mental or physical condition(s), DO NOT proceed. Contact Business and Systems Support for assistance.

HAS BUSINESS AND SYSTEMS SUPPORT BEEN CONTACTED? ☐ YES ☐ N/A

PROOF OF IDENTITY (POI) DOCUMENTS

All identification documents must be ORIGINAL and photocopies of the original identification must be attached to this form (photocopies must not be accepted).

One of the documents presented must show the applicant's signature.

The name on the applicant's identification must be the same or evidence of a change of name that clearly shows the link between their birth name and their current name must be shown.

Where an applicant provides a debit/credit card as secondary ID, DO NOT photocopy. Record what type of card you have sighted in the boxes below.

PRIMARY POI

COPY OF ORIGINAL DOCUMENT ATTACHED? ☐ YES

SECONDARY POI

COPY OF ORIGINAL DOCUMENT ATTACHED? ☐ YES

I have checked that the applicant has met the proof of identity requirements and completed the Health and Medical Questions section. I have completed the eyesight test and verified the applicant's signature.

AGENT PERSONNEL NAME

AGENT PERSONNEL SIGNATURE

DATE

AGENT USE ONLY CONTINUED

CHECKLIST - TICK ALL RELEVANT BOXES

- ☐ Health and Medical Questions section completed.
- ☐ If applicant declared a medical condition, have you contacted Business and Systems Support?
- ☐ Eyesight test completed.
- ☐ If applicant did not meet the eyesight requirements, have you contacted Business and Systems Support?
- ☐ Proof of identity verified.
- ☐ Camera Acknowledgement section signed.
- ☐ Eligibility check completed through LAPS.

DTMI USE ONLY

I have checked that the Eyesight Results, Health and Medical Questions, POI and Camera Acknowledgement sections are complete.

OPERATOR SIGNATURE

AUDITOR DETAILS

AUDITOR NAME

SITE

AUDITOR SIGNATURE

DATE